

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER North Bend Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 219 Cedar Avenue South North Bend, WA 98045	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure Care Plans (CPs) were comprehensive, resident-specific and/or implemented for 4 of 17 residents (Residents 3, 54, 6, & 58) whose CPs were reviewed. This failure placed residents at risk for unmet care needs and frustration. Findings included . <Facility Policy>According to the facility's 2025 Care Planning - Resident Participation policy, the care planning process would include assessment of the resident's strengths and needs. The policy showed the CP would incorporate the resident's personal and cultural preferences, and be person-centered.<Resident 3>According to the 05/08/2026 Significant Change Minimum Data Set, Resident 3 was cognitively intact and independent with mobility and personal care. The MDS showed Resident 3 had diagnoses including a viral blood borne disease, an ileostomy (a surgical hole to allow the passing of digestive waste bypassing the large intestine), and puncture wounds on their lower back and pelvis. The MDS showed Resident 3 was not considered by the Preadmission Screening and Resident Review (PASRR - a mental health screening process) process to have a serious mental illness.In an interview on 06/01/2026 9:10 AM Resident 3 stated they had an ileostomy. Resident 3 stated they did a lot of the care and maintenance of the ileostomy themselves. Observation at this time showed Resident 3 had an ileostomy pouch extending from their abdomen. Resident 3 stated they hoped to discharge from the facility but first needed a surgery in August 2026.Review of Resident 3's comprehensive CP showed a 04/19/2026 alteration in bowel elimination [related] to ileostomy . Care Plan (CP). This CP included a revised 05/21/2026 goal showing ostomy care will be done by nursing. The Comprehensive CP included 04/07/2026 Discharge Potential CP included an intervention showing discharge potential to lesser care discussed with resident/family/responsible other is _____. This CP intervention was incomplete and did not indicate what Resident 3's potential for discharge was.The Comprehensive CP included a 04/07/2026 PASRR Recommendations CP that included an intervention showing PASSAR is (negative/positive) and did not indicate whether the PASRR identified Resident 3 with serious mental illness.In an interview on 06/05/2026 at 9:05 AM Staff B (Director of Nursing) stated the purpose of the CP was to identify the individual resident's needs and guide the staff in the care and treatment of the resident. Staff B stated all CPs should be comprehensive, accurate, and resident-specific, and CPs should be updated periodically with reassessment, and as needed. In an interview on 06/05/2026 10:30 AM, Staff B stated the Ileostomy CP should reflect Resident 3's current care needs. <Resident 54>According to the 02/18/2026 Quarterly MDS, Resident 54 required partial/moderate assistance with rolling from their back to their side in bed. The MDS showed Resident 54 had medically complex diagnoses including a progressive blood circulation disorder that narrows the blood vessels outside the heart and brain, often affecting the legs and feet, malnutrition, and a condition making controlling blood sugar more difficult. The MDS showed Resident 54 was at risk for developing pressure injuries (bed sores - open wounds caused by pressure over bony prominences).Record review showed a 05/19/2026 order for an air mattress to manage Resident 54's risk for pressure injuries. This order directed staff to keep the mattress on the soft setting.Review of the at a high risk for pressure injury (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	. CP showed the instruction to keep the mattress on the softest from the 05/19/2026 air mattress order was not reflected on the CP. In an interview on 06/05/2026 at 9:05 AM, Staff B stated Resident 54's CP should be comprehensive and address all their identified care needs. In an interview on 06/05/2026 at 9:18 AM, Staff B stated Resident 54's mattress should be on the soft setting. <Resident 6>According to the 04/06/2026 Quarterly MDS, Resident 6 had diagnoses including lower body paralysis. The MDS showed Resident 6 had two pressure wounds with full thickness skin and tissue loss and exposure of bone or tendon. Review of the actual skin breakdown . CP, Resident 6's air mattress should be set at on the soft setting. The CP showed the mattress setting should be checked each shift. In an interview on 05/31/2026 at 10:43 AM Resident 6 stated they had pressure wounds and needed the air mattress because being turned too often was too much. Observation at the time showed the air mattress set three quarters of the way from the soft setting, one quarter from the firmest setting. The same air mattress setting of three quarters firm was observed on 05/31/2026 at 11:00 AM, on 06/04/2026 at 7:33 AM, and on 06/04/2026 at 8:49 AM. In an interview on 06/05/2026 9:18 AM, Staff B stated nurses should check the air mattress setting each shift. Staff B stated the mattress should be on the softest setting and that the CP should be followed. <Resident 58>According to the 03/13/2026 admission MDS, Resident 58 admitted to the facility on [DATE] and had intact cognition. The MDS showed Resident 58 was not actively planning to discharge from the facility at the time of the assessment. Review of Resident 58's comprehensive CP showed a 03/06/2026 Discharge Potential CP. This CP included an intervention showing Discharge potential to lesser care discussed with resident/family/responsible other is _____. This CP intervention was incomplete and did not indicate what Resident 3's potential for discharge was. In an interview on 06/05/2026 at 9:05 AM Staff B stated all CPs should be comprehensive and accurate. REFERENCE: WAC [PHONE NUMBER](1)(2)(a)(b).		